

OFFICE USE ONLY

Licensing specialist: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)

**FAMILY CHILD CARE HOME
RELOCATION LICENSE APPLICATION**

**Please print
all responses.**

Date received: _____

License number: _____ License expiration date: ____/____/____

SECTION A – Identification

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
(street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information (optional)

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If there is no entity, check “individual” and leave the rest of this section blank. For family homes, the entity is usually an individual or an LLC.

Entity name: _____ Entity type: ☐ Individual ☐ Corporation
☐ Limited liability company (LLC)

Doing business as/facility name: _____

Entity address: _____
(street) (city) (state) (zip)

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.

SECTION B – Additional Information**Household member(s) (other than the applicant, anyone staying in the home for more than 30 days within a year)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment or to reside at a licensed child care facility.

CHU contact name: _____ Email: _____

SECTION C – Facility Information

Check all that apply:

☐ Own house/mobile home (circle type)

☐ Rent house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ no well used

Completed Emergency Plan for Family Child Care Homes template is required. ☐ submitted

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.

SECTION D – Program Information

Hours of operation

_____ a.m. – _____ p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Days of operation

Months of operation

☐ January to December

☐ August to June

☐ _____ to _____

Ages of children accepted

(Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years

From _____ to _____

SECTION E – Certification and Signature

- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate a family child care home.
- I understand fire marshal and electrical inspections are needed at this new address prior to being issued a license.
- OCCL will conduct a pre-licensing visit to ensure compliance with *DELACARE: Regulations for Family and Large Family Child Care Homes* prior to issuing a license at the new address.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.

Signature of applicant from page 1

Date

STATE OF DELAWARE)
: SS
COUNTY OF _____)

Signed and attested before me this _____.

Signature of notarial officer

Print name

(seal)